

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2009
NAME OF PROVIDER OR SUPPLIER SOUTHERN HILLS HOSPITAL & MEDICAL CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 WEST SUNSET LAS VEGAS, NV 89148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/27/09 and finalized on 10/28/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022866 was unsubstantiated. Complaint #NV00022432 was unsubstantiated. Complaint #NV00022674 was substantiated with deficiencies cited. (See Tag S0134)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000	<p>S 134 The Surgery Department Director has updated the Southern Hills policy on Surgery Case Delays/Bumping. The policy has been updated to include the following:</p> <p>Purpose: To establish a procedure of physician and patient notification for late, postponed, or cancelled procedures due to local staff's inability to start as scheduled.</p> <p>Procedure:</p> <p>Physician and Patient Notification of Delay: Any case that was scheduled and then cancelled by the physician or physician office:</p> <ul style="list-style-type: none"> It is the responsibility of the physician to communicate the cancelled case to the patient and the Anesthesiologist. It is the responsibility of the physician to communicate to Surgery Scheduling department of the cancelled case. <p>Any case delayed due to late starts or unexpected run-over of the current case requires physician and patient notification.</p> <p>It is the responsibility of the Surgical Service Team to ensure that information regarding delays is communicated to the patient and family and documentation must reflect that the information was communicated.</p> <p>The policy has been approved by the Director of Surgery, Director of Quality Management and the Interim CEO on 11-19-09. The policy will be forwarded to the next Medical Executive Committee and well as Board of Trustees.</p>	11/19/09
S 134	<p>NAC 449.329 Admission of Patients</p> <p>2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient.</p> <p>This Regulation is not met as evidenced by:</p>	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5899

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TITLE

(X6) DATE

Alene Lewis, Interim CEO 11/19/09

Christy Konicek, RN
ONA/PM Director 11/19/09

If continuation sheet 1 of 2

Bureau of Health Care Quality & Compliance

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S 134	Continued From page 1 Based on interview, record review and document review the facility failed to ensure a patient scheduled for surgery received information regarding a significant delay in the surgical procedure and the proposed care of the patient. (Patient #1) Severity: 2 Scope: 1 Complaint # 22674	S 134	S 134 The Surgery Department Director will educate her staff regarding the new policy over the next 2 weeks, with the deadline date of <u>December 4, 2009</u> . To ensure compliance, the Surgery Department Director will conduct weekly audits of postponed/cancelled surgeries and audit for the documentation of communication to the patient/family in the medical record. This audit will begin December 7, 2009. This audit will continue until a 4 month average of 100% compliance is achieved. Once achieved, a random audit will be conducted by the Surgery Department Director. All non compliance will result in education/corrective action with the employee involved. <i>see attachment #1</i> <i>Alene Lewis "11/19/09"</i> <i>Interim CAO</i> <i>Christy Honickel, RN</i> <i>Quality Improvement Director</i>	11/19/09

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11/19/09